Case 15-81437 Doc 1 Filed 05/28/15 Entered 05/28/15 14:23:45 Desc Main B1 (Official Form 1) (04/13) Document Page 1 of 46

United States I Northern D	Bankruptcy Co District of Illino	Court Voluntary Petition			y Petition	
Name of Debtor (if individual, enter Last, First, Middle):		Name of Joint Debtor (Spouse) (Last, First, Middle):				
Braden, Jennifer Lynne All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): None		All Other Nam (include marrie			the last 8 years	
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (IT (if more than one, state all): 9643	IN) No./Complete EIN	Last four digits (if more than on		Individual-Tax	xpayer I.D. (ITI	N) No./Complete EIN
Street Address of Debtor (No. and Street, City, and State) 2002 N. Sherman Drive		Street Address	of Joint Debtor	(No. and Stre	et, City, and Sta	ite
McHenry, IL	ZIPCODE 60050					ZIPCODE
County of Residence or of the Principal Place of Business:		County of Resi	dence or of the	Principal Plac	e of Business:	
Mchenry CS I'S A LL CS I'S A L	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	N '1' A 11	CI : (D.1)	(; C 1; CC)	C 4 1 1	1)
Mailing Address of Debtor (if different from street address)):	Mailing Addres	ss of Joint Debt	or (if different	from street add	iress):
	ZIPCODE					ZIPCODE
Location of Principal Assets of Business Debtor (if differen	nt from street address at	bove):				ZIPCODE
Type of Debtor (Form of Organization)	Nature of Business (Check one box)		,		ruptcy Code U s Filed (Check	
(Check one box) Individual (includes Joint Debtors) See Exhibit D on page 2 of this form.	Health Care Business Single Asset Real Es 11 U.S.C. § 101 (511	tate as defined in	Chapter 7 Chapter 9		Chapter 15 Po	
☐ Corporation (includes LLČ and LLP) ☐ Partnership	Railroad Stockbroker	,	☐ Chapter 1		Main Procee	ding
Other (If debtor is not one of the above entities,	☐ Commodity Broker		☐ Chapter 1		Chapter 15 Po	
check this box and state type of entity below.)	Clearing Bank Other N.A.		Chapter 1	3	Nonmain Pro	
Chapter 15 Debtors	Tax-Exempt 1 (Check box, if ap				e of Debts k one box)	
Country of debtor's center of main interests:		•	Debts are	e primarily cor fined in 11 U.S	nsumer	Debts are
Each country in which a foreign proceeding by, regarding, or against debtor is pending:	Debtor is a tax-exer under Title 26 of the Code (the Internal F	e United States	§101(8) individual personal,	as "incurred by al primarily for family, or d purpose."	an —	primarily business debts.
Filing Fee (Check one box)			•	Chapter 11 De	btors	
Full Filing Fee attached			otor is a small b		ined in 11 U.S.C defined in 11 U	C. § 101(51D) J.S.C. § 101(51D)
☐ Filing Fee to be paid in installments (applicable to indissigned application for the court's consideration certifying to pay fee except in installments. Rule 1006(b). See O	ng that the debtor is una	able Debt insid	or's aggregate no	re less than \$2,4	90,925 (amount s	uding debts owed to
Filing Fee waiver requested (applicable to chapter 7 incattach signed application for the court's consideration.		Check a	Il applicable balan is being file	oxes ed with this per plan were sol	tition.	on from one or more C. § 1126(b).
Statistical/Administrative Information		<u> </u>				THIS SPACE IS FOR
Debtor estimates that funds will be available for distribution to Debtor estimates that, after any exempt property is excluded and distribution to unsecured creditors.		paid, there will be n	no funds available	for		COURT USE ONLY
1-49 50-99 100-199 200-999 1	,000- 5,001- ,000 10,000	10,001- 25,000	25,001- 50,000	50,001- 100,000	Over 100,000	
Estimated Assets	00,001 \$10,000,001 10 to \$50	П	\$100,000,001	\$500,000,001 to \$1 billion	More than \$1 billion	
Estimated Liabilities	00,001 \$10,000,001 10 to \$50	\$50,000,001 to \$100 million	\$100,000,001	\$500,000,001 to \$1 billion	More than \$1 billion	

B1 (Official Ca	959 1)5,08/14)37 Doc 1 Filed 05/28/1		45 Desc Main Page
Voluntary P	Petition be completed and filed in every case)	Page of Bebtor(s): Jennifer Lynne Braden	
(This page musi e	All Prior Bankruptcy Cases Filed Within Last 8 Year		
Location Where Filed:	NONE	Case Number:	Date Filed:
Location Where Filed:	N.A.	Case Number:	Date Filed:
	ding Bankruptcy Case Filed by any Spouse, Partner or Af	<u> </u>	<u> </u>
Name of Debtor:	NONE	Case Number:	Date Filed:
District:		Relationship:	Judge:
(T. 1	Exhibit A	Exhib (To be completed if de	btor is an individual
10K and 10Q) w	d if debtor is required to file periodic reports (e.g., forms with the Securities and Exchange Commission pursuant to d) of the Securities Exchange Act of 1934 and is requesting ter 11)	whose debts are primar I, the attorney for the petitioner named in thave informed the petitioner that [he or she 12, or 13 of title 11, United States Consavailable under each such chapter. I fundebtor the notice required by 11 U.S.C. § 3	the foregoing petition, declare that I e] may proceed under chapter 7, 11, de, and have explained the relief ther certify that I delivered to the
Exhibit A	is attached and made a part of this petition.	X /s/ Scott W Brammer Signature of Attorney for Debtor(s)	05/26/2015 Date
Exhibit If this is a joint p	ed by every individual debtor. If a joint petition is filed, each D completed and signed by the debtor is attached and made a petition: D also completed and signed by the joint debtor is attached a	part of this petition.	
	Information Reg	arding the Debtor - Venue	
□	(Check ar Debtor has been domiciled or has had a residence, princip preceding the date of this petition or for a longer part of s		District for 180 days immediately
	There is a bankruptcy case concerning debtor's affiliate, §	general partner, or partnership pending in this D	District.
	Debtor is a debtor in a foreign proceeding and has its prin has no principal place of business or assets in the United this District, or the interests of the parties will be served	States but is a defendant in an action or proceed	
	Certification by a Debtor Who Resi (Check all ap	ides as a Tenant of Residential Prop	erty
	Landlord has a judgment against the debtor for possessio	n of debtor's residence. (If box checked, comp	lete the following.)
	(Name of	landlord that obtained judgment)	
	(Address	of landlord)	
	Debtor claims that under applicable nonbankruptcy law, entire monetary default that gave rise to the judgment for		
	Debtor has included in this petition the deposit with the c filing of the petition.	court of any rent that would become due during	the 30-day period after the
	Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).		

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B1 (Official Form 1) (04/13) Documen	nt Page 3 of 46 Page 3
Voluntary Petition	Name of Debtor(s):
(This page must be completed and filed in every case)	Jennifer Lynne Braden
S	Signatures
Signature(s) of Debtor(s) (Individual/Joint)	Signature of a Foreign Representative
I declare under penalty of perjury that the information provided in this pet is true and correct.	
[If petitioner is an individual whose debts are primarily consumer debts an has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the reliavailable under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the	is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.
petition] I have obtained and read the notice required by 11 U.S.C. § 342(I	b).
I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.	I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 of title 11 are attached.
X /s/ Jennifer Lynne Braden	Pursuant to 11 U.S.C.§ 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.
Signature of Debtor	v
Signature of Deotor	X
V	(Signature of Foreign Representative)
X Signature of Joint Debtor	
	(Printed Name of Foreign Representative)
Telephone Number (If not represented by attorney)	(Printed Name of Foleigh Representative)
	(Date)
Signature of Attorney*	Signature of Non-Attorney Petition Preparer
X /s/ Scott W Brammer Signature of Attorney for Debtor(s) SCOTT W BRAMMER Printed Name of Attorney for Debtor(s) The Law Office of Scott W. Brammer Firm Name 5447 Bull Valley Road Address McHenry, IL 60050	I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, (2) I prepared this document for compensation, and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. § 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.
	Printed Name and title, if any, of Bankruptcy Petition Preparer
(815) 344-4040 Telephone Number 05/26/2015 Date *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.	Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) Address
Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this pe is true and correct, and that I have been authorized to file this petition on behalf of the debtor.	tition X
The debtor requests relief in accordance with the chapter of title 11,	Date
United States Code, specified in this petition. X	Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.
X Signature of Authorized Individual	Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:
Printed Name of Authorized Individual	If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.
Title of Authorized Individual	A bankruptcy petition preparer's failure to comply with the provisions of title 11
Date	A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

B1 D (Official Form 1, Exhibit D) (12/09)

UNITED STATES BANKRUPTCY COURT Northern District of Illinois

In re	Jennifer Lynn Braden	Case No.
_	Debtor(s)	(if known)

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.
- 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.

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3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

4. I am not required to receive a credit counseling briefing because of: [Check the
applicable statement.] [Must be accompanied by a motion for determination by the court.]
☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental
illness or mental deficiency so as to be incapable of realizing and making rational
decisions with respect to financial responsibilities.);
☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the

- extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
 - Active military duty in a military combat zone.
- □ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor:	/s/ Jennifer Lynne Braden
	JENNIFER LYNNE BRADEN
	05/26/2015
Date:	03/20/2013

B6 Cover (Form 6 Cover) (12/07)

FORM 6. SCHEDULES

Summary of Schedules

Statistical Summary of Certain Liabilities and Related Data (28 U.S.C. § 159)

Schedule A - Real Property

Schedule B - Personal Property

Schedule C - Property Claimed as Exempt

Schedule D - Creditors Holding Secured Claims

Schedule E - Creditors Holding Unsecured Priority Claims

Schedule F - Creditors Holding Unsecured Nonpriority Claims

Schedule G - Executory Contracts and Unexpired Leases

Schedule H - Codebtors

Schedule I - Current Income of Individual Debtor(s)

Schedule J - Current Expenditures of Individual Debtor(s)

Unsworn Declaration under Penalty of Perjury

GENERAL INSTRUCTIONS: The first page of the debtor's schedules and the first page of any amendments thereto must contain a caption as in Form 16B. Subsequent pages should be identified with the debtor's name and case number. If the schedules are filed with the petition, the case number should be left blank

Schedules D, E, and F have been designed for the listing of each claim only once. Even when a claim is secured only in part or entitled to priority only in part, it still should be listed only once. A claim which is secured in whole or it part should be listed on Schedule D only, and a claim which is entitled to priority in whole or in part should be listed on Schedule E only. Do not list the same claim twice. If a creditor has more than one claim, such as claims arising from separate transactions, each claim should be scheduled separately.

Review the specific instructions for each schedule before completing the schedule.

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In re	Jennifer Lynn Braden	Case No.
	Debtor	(If known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C – Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
None				
	Tot		0.00	

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(Report also on Summary of Schedules.)

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In re	Jennifer	Lynn	Braden
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Debtor

Case No. _ (If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See. 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
Cash on hand. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	X	Checking Account #759555899 Chase Bank Savings Account #2737742854 Chase Bank		101.78 13.57
 Security deposits with public utilities, telephone companies, landlords, and others. Household goods and furnishings, including audio, video, and computer equipment. 	X	Furniture, computer, cell phone, Ipod Residence		800.00
5. Books. Pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.6. Wearing apparel.		Books Clothing, Shoes Residence		300.00 1,000.00
 Furs and jewelry. Firearms and sports, photographic, and other hobby equipment. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. Annuities. Itemize and name each issuer. 	X X X			

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In re	Jennifer Lynn Braden	Case No
	Debtor	(If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlement to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owing debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate or a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights of setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. §101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2014 Kia Optima Residence		14,961.00

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Debtor

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In re	Jennifer Lynn Braden	

Case No. _ (If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
		0 continuation sheets attached Total	.1	\$ 17 176 35

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In re	Jennifer Lynn Braden	Case No	
	Debtor		(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

L	Debtor	claims	the	exempt	tions t	o w	hich	debtor	1S	entitl	ed	und	er:
(Check	one bo	ox)										

(CI	icek one box)		
	11 U.S.C. § 522(b)(2)		

ш	11 U.S.C. § 322(0)(2)
\checkmark	11 U.S.C. § 522(b)(3)

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Check if debtor claims a homestead exemption that exceeds
\$155.675*.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Checking Account #759555899	735 I.L.C.S 5§12-1001(b)	101.78	101.78
Savings Account #2737742854	735 I.L.C.S 5§12-1001(b)	13.57	13.57
Furniture, computer, cell phone, Ipod	735 I.L.C.S 5§12-1001(b)	800.00	800.00
Books	735 I.L.C.S 5§12-1001(b)	300.00	300.00
Clothing, Shoes	735 I.L.C.S 5§12-1001(a)	1,000.00	1,000.00
2014 Kia Optima	735 I.L.C.S 5§12-1001(c)	14,961.00	14,961.00

^{*}Amount subject to adjustment on 4/01/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6D (Official Form 6D) (12/07)

In re _	Jennifer Lynn Braden	,	Case No.		
	Dobtor			(If known)	

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. \$112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT ORCOMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 6206218969790			Lien: PMSI in vehicle < 910 days					3,279.49
Capital One Auto Finance P O Box 60511 City of Industry, CA 91716-0511			Security: 2014 Kia Optima				18,240.49	,
			VALUE \$ 14,961.00					
ACCOUNT NO.			VALUE \$					
ACCOUNT NO.								
			VALUE \$	<u> </u>			n 10.240.40	ф 2.270.40
continuation sheets attached			(Total c	Sub of th	tota is pa Fota	ıge).		\$ 3,279.49 \$ 3,279.49
			(Use only o	n la	st pa	ıge)	\$ 18,240.49	\$ 3,279.49

(Report also on Summary of Schedules) also on Statistical

(If applicable, report Summary of Certain Liabilities and Related Data.)

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B6E (Official Form 6E) (04/13)

In re	Jennifer Lynn Braden	,	Case No.	
	Debtor		(if known)	

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed.R.Bankr.P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H,""W,""J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

\Box	Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.
TY	PES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)
	Domestic Support Obligations
	Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, sponsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in I.S.C. § 507(a)(1).

____ Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

^{*}Amount subject to adjustment on 4/01/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6E (Official Form 6E) (04/13) - Cont.

In re Jennifer Lynn Braden	, Case No.
Debtor	(if known)
Certain farmers and fishermen	
Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisher	erman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
Deposits by individuals	
Claims of individuals up to \$2,775* for deposits for the purchase, lease, or	rental of property or services for personal, family, or household use.
that were not delivered or provided. 11 U.S.C. § 507(a)(7).	
Taxes and Certain Other Debts Owed to Governmental Units	
Taxes, customs duties, and penalties owing to federal, state, and local gov	ernmental units as set forth in 11 U.S.C. § 507(a)(8).
Commitments to Maintain the Capital of an Insured Depository Ins	fitution
Claims based on commitments to the FDIC, RTC, Director of the Office of	
Governors of the Federal Reserve System, or their predecessors or successors, U.S.C. § 507 (a)(9).	to maintain the capital of an insured depository institution. 11
U.S.C. § 307 (a)(9).	
Claims for Death or Personal Injury While Debtor Was Intoxicated	
Claims for death or personal injury resulting from the operation of a moto	or vehicle or vessel while the debtor was intoxicated from using
alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).	č
* Amounts are subject to adjustment on 4/01/16, and every three years t	hereafter with respect to cases commenced on or after the date of
adjustment.	nereation with respect to cases commenced on or after the date of

____ continuation sheets attached

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B6F (Official Form 6F) (12/07)

In re	Jennifer Lynn Braden	 Case No.		
	Debtor		(If known)	

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H." "W." "J." or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT ORCOMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. XXXX XXXX XXXX 4536 AMAZON.COM C/O CHASE P O BOX 15153 WILMINGTON, DE 19886			Consideration: Credit card debt				3,158.80
ACCOUNT NO. XXXX XXXX XXXX 3177 AMAZON.COM C/O SYNCHRONY BANK/AMAZON P O BOX 96003 ORLANDO, FL 32896			Consideration: Credit card debt				118.47
ACCOUNT NO. XXXX XXXX XXXX 6807 BEST BUY P O BOX 183195 COLUMBUS, OH 43218			Consideration: Credit card debt				84.02
ACCOUNT NO. XXXX XXXX XXXX 5127 CAPITAL ONE P O BOX 6492 CAROL STREAM, IL 60197			Consideration: Credit card debt				3,520.53
continuation sheets attached				Subt T	otal otal		\$ 6,881.82 \$

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B6F (Official Form 6F) (12/07) - Cont.

In re	Jennifer Lynn Braden	, Case No.			
	Debtor		(If known)		

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT ORCOMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. XXXX XXXX XXXX 0323 CAPITAL ONE P O BOX 6492 CAROL STREAM, IL 60197			Consideration: Credit card debt				2,024.59
ACCOUNT NO. XXXX XXXX XXXX 7590 CARECREDIT SYNCHRONY BANK P O BOX 960061 ORLANDO, FL 32896			Consideration: Credit card debt				907.12
ACCOUNT NO. B62000325706001 CENTEGRA HEALTH SYSTEM P O BOX 7701 CAROL STREAM, IL 60197	•		Consideration: Credit card debt				352.68
ACCOUNT NO. 0001000000193692 CENTEGRA PHYSICIAN CARE P O BOX 187 BEDFORD PARK, IL 60499			Consideration: Medical services				189.50
ACCOUNT NO. XXXX XXXX XXXX 2328 CHASE P O BOX 15153 WILMINGTON, DE 19886			Consideration: Credit card debt				1,678.87
Sheet no. 1 of 3 continuation sheets atta to Schedule of Creditors Holding Unsecured Nonpriority Claims	ched	l			tota Total		\$ 5,152.76 \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

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B6F (Official Form 6F) (12/07) - Cont.

In re	Jennifer Lynn Braden	, Case No.			
	Debtor		(If known)		

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT ORCOMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 801032654 ED FINANCIAL SERVICES C/O US DEPT OF EDUCATION P O BOX 105193 ATLANTA, GA 30348			Consideration: College Loan				12,368.37
ACCOUNT NO. XXXXXX5542 JARED GALLERY OF JEWLRY P O BOX 740425 CINCINNATI, OH 45274			Consideration: Credit card debt				1,531.69
ACCOUNT NO. XXX XXXX 359 KOHL'S P O BOX 2983 MILWAUKEE, WI 53201	1		Consideration: Credit card debt				418.68
ACCOUNT NO. 229744 QMRIG MCHENRY RADIOLOGISTS IMAGING P O BOX 220 MCHENRY, IL 60051			Consideration: Medical services				40.74
ACCOUNT NO. XXXX XXXX XXXX 6979 OLD NAVY P O BOX 960017 ORLANDO, FL 32896			Consideration: Credit card debt				1,427.11
Sheet no. 2 of 3 continuation sheets atta to Schedule of Creditors Holding Unsecured Nonpriority Claims	ched			Sub T	tota otal		\$ 15,786.59 \$

(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

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B6F (Official Form 6F) (12/07) - Cont.

In re _	Jennifer Lynn Braden	, Case No	
	Debtor		(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT ORCOMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 00053654809			Consideration: Credit card debt				
TARGET P O BOX 660170 DALLAS, TX 75266							149.81
ACCOUNT NO.	\mid						
ACCOUNT NO.	\vdash						
ACCOUNT NO.							
Account No.							
ACCOUNT NO.							
Sheet no. 3 of 3 continuation sheets attack	hed			Sub	tota	1≽	\$ 149.81

Sheet no. 3 of 3 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Total ≥ \$

27,970.98

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In re	Jennifer Lynn Braden	Case No.	
	Debtor		(if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

In re	Jennifer Lynn Braden	Case No.	
-	Debtor		(if known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

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Fill in this information to identify	your case:				
Debtor 1 Jennifer Lynne Br	raden				
First Name Debtor 2	Middle Name	Last Name			
(Spouse, if filing) First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:	Northern	District of IL	_		
Case number (If known)				Check if th	
				_ =	ended filing lement showing post-petition
					13 income as of the following date:
Official Form B 6I				MM / DD	/ YYYY
Schedule I: You	ır Income				12/13
supplying correct information. If yo	ou are married and not fil ise is not filing with you, top of any additional pa	ling jointly, and yo do not include inf	ur sp orma	ouse is living with you	r 2), both are equally responsible for ou, include information about your spouse. ise. If more space is needed, attach a nown). Answer every question.
Fill in your employment					
information.		Debtor 1			Debtor 2 or non-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	Employed X Not employ	ed		Employed Not employed
Include part-time, seasonal, or self-employed work.					_
Occupation may Include student or homemaker, if it applies.	Occupation	***************************************			
	Employer's name				
	Employer's address				
		Number Street			Number Street
		-			
		City	Stat	e ZIP Code	City State ZIP Code
	How long employed the	ere?			
Part 2: Give Details About					
spouse unless you are separated	•				te \$0 in the space. Include your non-filing
If you or your non-filing spouse had below. If you need more space, at			rmati	on for all employers to	r that person on the lines
				For Debtor 1	For Debtor 2 or non-filing spouse
List monthly gross wages, sale deductions). If not paid monthly,			2.	\$ 0.00	N.A.
3. Estimate and list monthly over	time pay.		3.	+\$0.00	+ \$N.A.

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4. Calculate gross income. Add line 2 + line 3.

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Jennifer Lynne Braden

Debtor 1

First Name Middle Name Last Name Case number (if known)_____

			For I	Debtor 1			otor 2 or na spouse		
Co	ppy line 4 here=	→ 4.	\$	0.00		\$	N.A.		
	et all payroll deductions:								
		- -	•	0.00			N.A.		
	a. Tax, Medicare, and Social Security deductions b. Mandatory contributions for retirement plans	5a. 5b.	\$ \$	0.00		\$	N.A.		
	c. Voluntary contributions for retirement plans	5c.	\$ \$	0.00		Б Б	N.A.		
	d. Required repayments of retirement fund loans	5d.	\$ \$	0.00		P }	N.A.		
	e. Insurance	5e.	\$ \$	0.00		ا— آ	N.A.		
	f. Domestic support obligations	5f.	\$ \$	0.00		ا— آ	N.A.		
	., -		\$	0.00		ار ا	N.A.		
	g. Union dues	5g.		0.00			N.A.		
	h. Other deductions. Specify:	5h.	+ \$	0.00	+ ;	-	N.A.		
6. A	dd the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h.	6.	\$	·····	;	\$			
7. C	alculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	;	B	N.A.		
3. Li	st all other income regularly received:								
8	 Net income from rental property and from operating a business, profession, or farm 								
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	90	\$	0.00	;	B	N.A.		
۶	b. Interest and dividends	8a. 8b.	\$	0.00	,	Б	N.A.		
	c. Family support payments that you, a non-filing spouse, or a dependence regularly receive		Ψ			-			
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	;	B	N.A.		
8	d. Unemployment compensation	8d.	\$	0.00	:	6	N.A.		
	e. Social Security	8e.	\$	0.00		 B	N.A.		
8	f. Other government assistance that you regularly receive		-						
	Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	nce	\$	0.00	;	\$	N.A.		
	Specify:	8f.							
8	g. Pension or retirement income	8g.	\$	0.00	:	\$	N.A.		
8	h. Other monthly income. Specify:	8h.	+\$	0.00	+:	\$	N.A.	_	
9. A	dd all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$	0.00		\$	N.A.		
	alculate monthly income. Add line 7 + line 9. Id the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	0.00	+	\$	N.A.	= \$	0.0
In	tate all other regular contributions to the expenses that you list in Sche clude contributions from an unmarried partner, members of your household, her friends or relatives.			nts, your roo	mmate	s, an	d	-	
	o not include any amounts already included in lines 2-10 or amounts that are	not a	vailable t	to pay expe	nses list	ed ir	n Schedule J.		
S	pecify: Parents' assistance						11	. + \$	1,000.0
	dd the amount in the last column of line 10 to the amount in line 11. The rite that amount on the Summary of Schedules and Statistical Summary of Control				•				1,000.0
13. D	o you expect an increase or decrease within the year after you file this No.	form	>					moi	nthly incom
E F	Yes. Explain: No income for past 6 months. On medical leav	e of	ahsence	e living w	rith na	ente	s May be a	emplo	ved nart ti

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		D	Jeannent	1 agc 23 01	40		
Fill in this	information to identify	your case:					
Debtor 1	Jennifer Lynne Bra	aden		O.h			
Debtor 2	First Name	Middle Name	Last Name		neck if this is:		
(Spouse, if filin	ng) First Name	Middle Name	Last Name		An amended fi	•	natition abouter 12
United State	s Bankruptcy Court for the:	Northern	District of		expenses as o		petition chapter 13 date:
Case numbe	er		_		MM / DD / YYYY		
(If known)							2 because Debtor 2
Official	Form B 6J				maintains a se	-	
Sche	dule J: You	ur Expense	es				12/13
information	lete and accurate as po . If more space is neede Answer every question.	-	-				_
Part 1:	Describe Your Hou	sehold					
	Go to line 2. Does Debtor 2 live in a so	eparate household? e a separate Schedule J.					
_	ave dependents?	No No		Dependent's relationsh	ip to	Dependent's	Does dependent live
Do not list Debtor 2.	Debtor 1 and	Yes. Fill out this inf each dependent		Debtor 1 or Debtor 2		age	with you?
Do not sta	te the dependents'	·			·		No Yes No Yes
							No
							Yes
							No
							Yes
					 -		No Yes
expenses	xpenses include of people other than and your dependents?	X No Yes					
Part 2:	stimate Your Ongoi	ng Monthly Expense	s				
-	ur expenses as of your s of a date after the ban late.		-	~		-	-
• •	enses paid for with non	-cash government assi	istance if you	ı know the value			
of such ass	istance and have includ	led it on Schedule I: Yo	our Income (C	Official Form B 6l.)		Your expe	nses
	al or home ownership e for the ground or lot.	xpenses for your resid	ence. Include	first mortgage paymen	ts and 4.	\$	0.00
If not inc	cluded in line 4:						0.00
4a. Rea	al estate taxes				4a.	\$	0.00
4b. Pro	perty, homeowner's, or re	enter's insurance			4b.	\$	0.00
4c. Hor	ne maintenance, repair, a	and upkeep expenses			4c.	\$	0.00
4d. Hor	meowner's association or	condominium dues			4d.	\$	0.00

4d. Homeowner's association or condominium dues

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Debtor 1

Jennifer Lynne Braden
First Name Middle Name

First Name Last Name Case number (if known)_

		Your ex	kpenses
E. Additional mortgage nayments for your recidence, such as home equity loops		\$	0.00
5. Additional mortgage payments for your residence, such as home equity loans	5.	· · · · · ·	
6. Utilities:			0.00
6a. Electricity, heat, natural gas	6a.	\$	0.00
6b. Water, sewer, garbage collection	6b.	\$	60.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	0.00
6d. Other. Specify:	6d.	\$	300.00
7. Food and housekeeping supplies	7.	\$	0.00
8. Childcare and children's education costs	8.	\$	0.00
9. Clothing, laundry, and dry cleaning	9.	\$	25.00
10. Personal care products and services	10.	\$	50.00
11. Medical and dental expenses	11.	\$	50.00
 Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 	12.	\$	0.00
3. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
14. Charitable contributions and religious donations	14.	\$	0.00
15. Insurance.Do not include insurance deducted from your pay or included in lines 4 or 20.		¥	
	45	•	0.00
15a. Life insurance	15a.	\$	0.00
15b. Health insurance	15b.	\$	90.00
15c. Vehicle insurance	15c.	\$	0.00
15d. Other insurance. Specify:	15d.	\$	0.00
6. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	0.00
17. Installment or lease payments:		•	300.00
17a. Car payments for Vehicle 1	17a.	\$	0.00
17b. Car payments for Vehicle 2	17b.	\$	150.00
17c. Other. Specify: Student Loan 1 ayment	17c.	\$	0.00
17d. Other. Specify:	17d.	\$	
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).	18.	\$	0.00
19. Other payments you make to support others who do not live with you.			0.00
Specify:	19.	\$	0.00
Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Inc.	ome.		
20a. Mortgages on other property	20a.	\$	0.00
20b. Real estate taxes	20b.	\$	0.00
20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20e. Homeowner's association or condominium dues	20e.	\$	0.00

Case 15-81437 Doc 1 Filed 05/28/15 Entered 05/28/15 14:23:45 Desc Main Document Page 25 of 46

Debtor 1 Jennifer Lynne Braden First Name Middle Name Last Name	Case number (if known)		
Other. Specify:	21.	+\$	0.00
2. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	22.	\$	965.00
3. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	1,000.00
23b. Copy your monthly expenses from line 22 above.	23a. 23b.	-\$	965.00
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$	35.00
For example, do you expect to finish paying for your car loan within the year or mortgage payment to increase or decrease because of a modification to the term. No. Explain here: Current searching for employment	do you expect your		

B6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court Northern District of Illinois

In re	Jennifer Lynn Braden	Case No.
	Debtor	
		Chapter 7

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

AMOUNTS SCHEDULED

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A – Real Property	YES	1	\$ 0.00		
B – Personal Property	YES	3	\$ 17,176.35		
C – Property Claimed as exempt	YES	1			
D – Creditors Holding Secured Claims	YES	1		\$ 18,240.49	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	2		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	YES	4		\$ 27,970.98	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	YES	2			\$ 1,000.00
J - Current Expenditures of Individual Debtors(s)	YES	3			\$ 965.00
тот	`AL	19	\$ 17,176.35	\$ 46,211.47	

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In re	Jennifer Lynn Braden	Case No.
	Debtor	
		Chapter 7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. §101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 0.00

State the Following:

Average Income (from Schedule I, Line 12)	\$ 1,000.00
Average Expenses (from Schedule J, Line 22)	\$ 965.00
Current Monthly Income (from Form 22A-1 Line 11; OR , Form 22B Line 14; OR , Form 22C-1 Line 14)	\$ 1.000.00

State the Following:

9		
Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 3,279.49
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 27,970.98
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 31,250.47

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Jennifer Lynn Braden	
In re	Case No (If known)
	ON CONCEDUING DEDTODIC COHEDIN EC
	ON CONCERNING DEBTOR'S SCHEDULES
DECLARATI	ON UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR
I declare under penalty of perjury the are true and correct to the best of my knowled	at I have read the foregoing summary and schedules, consisting of sheets, and that they ge, information, and belief.
Date _ 05/26/2015	Signature: /s/ Jennifer Lynne Braden
Date	Debtor
_	Not Applicable
Date	Signature: Not Applicable (Joint Debtor, if any)
	[If joint case, both spouses must sign.]
	URE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)
110(h) and 342(b); and, (3) if rules or guidelines	a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable e debtor notice of the maximum amount before preparing any document for filing for a debtor or that section.
Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer	Social Security No. (Required by 11 U.S.C. § 110.)
If the bankruptcy petition preparer is not an individual, st who signs this document.	tate the name, title (if any), address, and social security number of the officer, principal, responsible person, or partne
Address	
XSignature of Bankruptcy Petition Preparer	
Names and Social Security numbers of all other individuals	s who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:
f more than one person prepared this document, attach ad	lditional signed sheets conforming to the appropriate Official Form for each person.
A bankruptcy petition preparer's failure to comply with the pro 18 U.S.C. § 156.	wisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 11
DECLARATION UNDER PENA	LTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP
n this case, declare under penalty of perjury that	[the president or other officer or an authorized agent of the corporation or a member [corporation or partnership] named as debtor I have read the foregoing summary and schedules, consisting ofsheets (total e true and correct to the best of my knowledge, information, and belief.
Date	Signature:
	[Print or type name of individual signing on behalf of debtor.]

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.] Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

B7 (Official Form 7) (04/13) 81437 Doc 1 Filed 05/28/15 Entered 05/28/15 14:23:45 Desc Main UNITED STRUMPTCY COURT

Northern District of Illinois

In Re	Jennifer Lynn Braden	Ca	se No.	
			(if know	n)
		STATEMENT OF FINANCIAL AFFAIRS		

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

	AMOUNT		SOURCE
2015	.00		
2014	31.559.82	Employment	
2013	29,639.00	Employment	

2

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2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

None

3. Payments to creditors

NAME AND ADDRESS OF CREDITOR

Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

PAYMENTS PAID OWING

DATES OF

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATES OF PAYMENTS

AMOUNT PAID

AMOUNT

AMOUNT STILL OWING

AMOUNT STILL

^{*}Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after date of adjustment.

3

None

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c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATES OF PAYMENTS AMOUNT PAID

AMOUNT STILL OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER NATURE OF PROCEEDING

COURT OR AGENCY AND LOCATION STATUS OR DISPOSITION

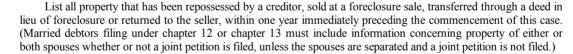
None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED DATE OF SEIZURE DESCRIPTION AND VALUE OF PROPERTY

5. Repossessions, foreclosures and returns

None



NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSESSION, FORECLOSURE SALE, TRANSFER OR RETURN DESCRIPTION AND VALUE OF PROPERTY

6. Assignments and Receiverships

None

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER DATE OF ORDER

DESCRIPTION AND VALUE OF PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case, except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION RELATIONSHIP TO DEBTOR, IF ANY DATE OF GIFT DESCRIPTION AND

VALUE OF GIFT

PERSON OR ORGANIZATION

GOODWILL MCHENRY, IL 60050 NONE

OCTOBER, 2014

CLOTHING, HOME

GOODS \$200.00

8. Losses

None

List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY DESCRIPTION OF CIRCUMSTANCES, AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS DATE OF PAYMENT, AMOUNT OF MONEY OR OF PAYEE NAME OF PAYOR IF DESCRIPTION AND OTHER THAN DEBTOR VALUE OF PROPERTY

Scott W Brammer MARCH 30, 2015 \$1500.00 - FEES

The Law Office of Scott W.

Brammer

5447 Bull Valley Road McHenry, IL 60050

MCHENRY COUNTY April 7, 2015 \$50

COUNSELING CENTER Payor: Debtor's parents CREDIT COUNSELING

WOODSTOCK, IL 60098

US BANKRUPTCY COURT 05/01/15 \$335.00 ROCKFORD, IL FILING FEE

10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, DATE DESCRIBE PROPERTY RELATIONSHIP TO DEBTOR TRANSFERRED AND

VALUE RECEIVED

Unknown Persons 01/2015 through Miscellaneous clothings, shoes and a

Sold on Ebay 02/2015 ring

Relationship: No relationships Total Receipts: \$1100.00

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

None

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NAME OF TRUST OR OTHER DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR
DESCRIPTION AND
VALUE OF PROPERTY OR
DEBTOR'S INTEREST IN PROPERTY

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11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF AMOUNT OF

SETOFF

14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

15. Prior address of debtor

None

If the debtor has moved within the three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

106 LESLEY LANE CRYSTAL LAKE, IL 60014 JENNIFER LYNNE BRADEN

OCTOBER, 2013 THROUGH SEPTEMBER, 2014

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Sites

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME NAME AND ADDRESS DATE OF ENVIRONMENTAL AND ADDRESS OF GOVERNMENTAL UNIT NOTICE LAW

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Desc Main

8

Document

List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None \boxtimes

SITE NAME AND ADDRESS

NAME AND ADDRESS OF GOVERNMENTAL UNIT DATE OF NOTICE

ENVIRONMENTAL LAW

None X

List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT DOCKET NUMBER

STATUS OR DISPOSITION

18. Nature, location and name of business

None X

If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

NAME

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN

ADDRESS

NATURE OF BUSINESS BEGINNING AND

ENDING DATES

Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None \boxtimes

NAME

ADDRESS

[Questions 19 - 25 are not applicable to this case]

Case 15-81437	Doc 1	Filed 05/28/15	Entered 05/28/15 14:23:45	Desc Main
		Document	Page 37 of 46	

B7 (Official Form 7) (04/13)

	[If completed by an individual or individual and spouse]					
	I declare under penalty of perjury that I have read the thereto and that they are true and correct.	e answers contained in the	ne foregoing statement of financial affairs and any attachments			
Date .	05/26/2015	Signature	/s/ Jennifer Lynne Braden			
		of Debtor	JENNIFER LYNNE BRADEN			
		0 continuation sheets	attached			
	Penalty for making a false statement: Fine	e of up to \$500,000 or ii	nprisonment for up to 5 years, or both. 18 U.S.C. §152 and 3571			
	DECLARATION AND SIGNATURE (OF NON-ATTORNEY	BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)			
compens rules or	cclare under penalty of perjury that: (1) I am a bank sation and have provided the debtor with a copy of this guidelines have been promulgated pursuant to 11 U.S yen the debtor notice of the maximum amount before pr	ruptcy petition preparer document and the notice .C. § 110 setting a maxi	as defined in 11 U.S.C. § 110; (2) I prepared this document for s and required under 11U.S.C. §§ 110(b), 110(h), and 342(b); (3) if mum fee for services chargeable by bankruptcy petition preparers, I or filing for a debtor or accepting any fee from the debtor, as required			
Printed o	or Typed Name and Title, if any, of Bankruptcy Petition	n Preparer	Social Security No. (Required by 11 U.S.C. § 110(c).)			
If the ban	, , , , ,		social security number of the officer, principal, responsible person, or			
Address						
X						
Signatur	re of Bankruptcy Petition Preparer		Date			
	and Social Security numbers of all other individuals who dividual:	o prepared or assisted in	preparing this document unless the bankruptcy petition preparer is			

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. §156.

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B8 (Official Form 8) (12/08)

UNITED STATES BANKRUPTCY COURT Northern District of Illinois

	Jennifer Lynn Braden		
In re		 Case No.	
111 10	Debtor	 cuse 110.	Chapter 7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

December No. 1	1	
Property No. 1 Creditor's Name: Capital One	Describe Property Securing Debt: 2014 Kia Optima	
Property will be (check one): Surrendered Retained If retaining the property, I intend to (check at least one): Redeem the property Reaffirm the debt Other. Explain using 11 U.S.C. §522(f)). Property is (check one): Claimed as exempt	(for example, avoid lien	
	7	
Property No. 2 (if necessary)		
Creditor's Name:	Describe Property Securing Debt:	
Property will be (check one): Surrendered Retained If retaining the property, I intend to (check at least one):		
Redeem the property Reaffirm the debt Other. Explain using 11 U.S.C. §522(f)).	(for example, avoid lien	
Property is (check one): Claimed as exempt	Not claimed as exempt	

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B8 (Official Form 8) (12/08) Page 2

PART B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for Each unexpired lease. Attach additional pages if necessary.)

Property No. 1 NO Leased Property		
Lessor's Name:	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. §365(p)(2)):
		☐ YES ☐ NO
	_	•
Property No. 2 (if necessary)		
Lessor's Name:	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. §365(p)(2)):
		☐ YES ☐ NO
Property No. 3 (if necessary)		
Lessor's Name:	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. §365(p)(2)):
		☐ YES ☐ NO
continuation sheets attached (if any I declare under penalty of perjury that t Estate securing debt and/or personal pro	he above indicates my intention as to	
Date: 05/26/2015	/s/ Jennifer Lynne Br	raden
Date	Signature of Debtor	
		_
	Signature of Joint Debte	or

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B 201B (Form 201B) (12/09)

United States Bankruptcy Court Northern District of Illinois

	Case No			
Debtor	(If known)			
CERTIFICATION OF NOTICE UNDER § 342(b) OF TI	CE TO CONSUMER DEBTO HE BANKRUPTCY CODE	R(S)		
Certification of [Non-Attorney	Bankruptcy Petition Preparer			
I, the [non-attorney] bankruptcy petition preparer signin btor the attached notice, as required by § 342(b) of the Bankru		elivered to the		
of the attached hotice, as required by § 342(b) of the Bankru	picy Code			
rinted name and title, if any, of Bankruptcy Petition Preparer ddress:	Social Security number (If the bankr preparer is not an individual, state th number of the officer, principal, resp or partner of the bankruptcy petition (Required by 11 U.S.C. § 110.)	e Social Security onsible person,		
gnature of Bankruptcy Petition Preparer or officer, incipal, responsible person, or partner whose Social scurity number is provided above.				
Certification I, (We), the debtor(s), affirm that I (we) have received and recode	n of the Debtor ad the attached notice, as required by § 342(b) of	the Bankruptcy		
	y /s/ Jennifer Lynne Braden	05/26/2015		
rinted Names(s) of Debtor(s)	x /s/ Jennifer Lynne Braden Signature of Debtor	Date		

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

AMAZON.COM C/O CHASE P O BOX 15153 WILMINGTON, DE 19886

AMAZON.COM C/O SYNCHRONY BANK/AMAZON P O BOX 96003 ORLANDO, FL 32896

BEST BUY
P O BOX 183195
COLUMBUS, OH 43218

CAPITAL ONE P O BOX 6492 CAROL STREAM, IL 60197

CAPITAL ONE P O BOX 6492 CAROL STREAM, IL 60197

Capital One Auto Finance P O Box 60511 City of Industry, CA 91716-0511

CARECREDIT
SYNCHRONY BANK
P O BOX 960061
ORLANDO, FL 32896

CENTEGRA HEALTH SYSTEM P O BOX 7701 CAROL STREAM, IL 60197

CENTEGRA PHYSICIAN CARE P O BOX 187 BEDFORD PARK, IL 60499

CHASE P O BOX 15153 WILMINGTON, DE 19886 ED FINANCIAL SERVICES C/O US DEPT OF EDUCATION P O BOX 105193 ATLANTA, GA 30348

JARED GALLERY OF JEWLRY P O BOX 740425 CINCINNATI, OH 45274

KOHL'S P O BOX 2983 MILWAUKEE, WI 53201

MCHENRY RADIOLOGISTS IMAGING P O BOX 220 MCHENRY, IL 60051

OLD NAVY P O BOX 960017 ORLANDO, FL 32896

TARGET
P O BOX 660170
DALLAS, TX 75266

Name of law firm

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United States Bankruptcy Court Northern District of Illinois

	In re Jennifer Lynn Braden	Case No
		Chapter 7
	Debtor(s)	
	DISCLOSURE OF COMPENSATI	ON OF ATTORNEY FOR DEBTOR
1.	and that compensation paid to me within one year before th	, I certify that I am the attorney for the above-named debtor(s) e filing of the petition in bankruptcy, or agreed to be paid to me, for services ntemplation of or in connection with the bankruptcy case is as follow s:
	For legal services, I have agreed to accept	\$1,500.00
	Prior to the filing of this statement I have received	
	Balance Due	
2.	The source of compensation paid to me was:	
	☑ Debtor ☐ Other (specify)	
3.	The source of compensation to be paid to me is:	
	Debtor Other (specify)	
4. asso	I have not agreed to share the above-disclosed compeciates of my law firm.	ensation with any other person unless they are members and
of m		ation with a other person or persons who are not members or associates the names of the people sharing in the compensation, is attached.
5.	In return for the above-disclosed fee, I have agreed to reno	der legal service for all aspects of the bankruptcy case, including:
	b. Preparation and filing of any petition, schedules, statemen	nd confirmation hearing, and any adjourned hearings thereof;
6.	By agreement with the debtor(s), the above-disclosed fee de	pes not include the following services:
		CERTIFICATION
	I certify that the foregoing is a complete statement of debtor(s) in the bankruptcy proceeding.	of any agreement or arrangement for payment to me for representation of the
	05/26/2015	/s/ Scott W Brammer
	Date	Signature of Attorney
		The Law Office of Scott W. Brammer

Fill in this information to identify your case:			
Debtor 1			
-	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States E	Bankruptcy Court for the: _	Northern	District of IL (State)
Case number (If known)			

Check one box only as directed in this form and in
Form 22A-1Supp:

- 1. There is no presumption of abuse.
- 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 22A–2).
- 3. The Means Test does not apply now because of qualified military service but it could apply later.
- ☐ Check if this is an amended filing

Official Form 22A-1

Chapter 7 Statement of Your Current Monthly Income

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 22A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

- 1. What is your marital and filing status? Check one only.
 - Not married. Fill out Column A, lines 2-11.
 - ☐ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
 - ☐ Married and your spouse is NOT filing with you. You and your spouse are:
 - Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
 - Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Column A

Column B

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Debtor 1	Debtor 2 or non-filing spouse
Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$0.00	\$8
Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$0.00	\$0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$_1,000.00	\$0.00
5. Net income from operating a business, profession, or farm Gross receipts (hefore all deductions) \$ 0.00		
Ordinary and necessary operating expenses — \$0.00		
Net monthly income from a business, profession, or farm $\qquad \qquad \qquad$	\$0.00	\$0.00
6. Net income from rental and other real property Gross receipts (before all deductions) \$0.00		
Ordinary and necessary operating expenses - \$0.00		
Net monthly income from rental or other real property \$0.00 copy here→	\$0.00	\$0.00
7. Interest, dividends, and royalties	\$0.00	\$0.00

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Debtor 1	Jennifer Lynne Braden First Name Middle Name Last Name		Case number (if known)		
	. Tot tall to middle tall to tall tall to				
			Debtor 1	Column B Debtor 2 or non-filing spouse	
8. Unem	ployment compensation		\$ 0.00	\$ 0.00	
	t enter the amount if you contend that the amount of the Social Security Act. Instead, list it here:		·	·	
For	you	\$0.00_			
For	your spouse	\$0.00_			
	ion or retirement income. Do not include any amo it under the Social Security Act.	ount received that was a	\$0.00_	\$0.00	
Do no as a v	ne from all other sources not listed above. Spect of include any benefits received under the Social Se victim of a war crime, a crime against humanity, or it ism. If necessary, list other sources on a separate p	ecurity Act or payments receiventernational or domestic			
10a.			\$0.00	\$0.00	
10b.			\$0.00	\$0.00	
10c. ⁻	Total amounts from separate pages, if any.		+\$0.00	+ \$0.00	
colum	alate your total current monthly income. Add line in. Then add the total for Column A to the Column A to the total for Column A to the Column A to the total for Column A to the total for Column A to t	Column B.	\$1,000.00	\$0.00_	= \$\frac{1,000.00}{\text{Total current monthlincome}}\$
Part 2:	Determine Whether the Means Test App	olies to You			
12. Calcu	late your current monthly income for the year. F	Follow these steps:		_	
12a.	Copy your total current monthly income from line 1	1	Copy line	e 11 here → 12a.	\$_1,000.00
	Multiply by 12 (the number of months in a year).			_	x 12
12b.	The result is your annual income for this part of the	e form.		12b.	\$ <u>12,000.00</u>
13. Calcu	ılate the median family income that applies to y	ou. Follow these steps:			
Fill in	the state in which you live.	Illinois			
Fill in	the number of people in your household.	1			
To fine	the median family income for your state and size o d a list of applicable median income amounts, go o ctions for this form. This list may also be available a	nline using the link specified ir	n the separate	13.	\$ 48,239.00
	do the lines compare?				
	Line 12b is less than or equal to line 13. On the Go to Part 3.				•
14b. L	Line 12b is more than line 13. On the top of pag Go to Part 3 and fill out Form 22A–2.	e 1, cneck box 2, The presum	ption of abuse is determi	nea by Form 22A-2	<i>.</i> .
Part 3:	Sign Below				
	o.g o				
	By signing here, I declare under penalty of perjur	y that the information on this s	statement and in any atta	chments is true and	d correct.
	By signing here, I declare under penalty of perjur	y that the information on this s	statement and in any atta	chments is true and	d correct.
		<u> </u>	statement and in any atta	chments is true and	d correct.
	By signing here, I declare under penalty of perjur	* s	ignature of Debtor 2	chments is true and	d correct.
	By signing here, I declare under penalty of perjur */s/ Jennifer Lynne Braden Signature of Debtor 1 Date 05/26/2015	, \$ s	ignature of Debtor 2	chments is true and	d correct.

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Debtor 1 Jenni

Jennifer Lynne Braden

Case Number (if known)

First Name Middle Name Last Name

Form 22 Continuation Sheet

Monthly Income

Month 1 Gross wages, salary, tips Income from business Rents and real property income Interest, dividends Pension, retirement Contributions to HH Exp	0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00	Month 2 Gross wages, salary, tips Income from business Rents and real property income Interest, dividends Pension, retirement Contributions to HH Exp Unemployment	0.00 0.00 0.00 0.00 0.00 1,000.00	0.00 0.00 0.00 0.00 0.00 0.00
Unemployment Other Income	$0.00 \\ 0.00$	$0.00 \\ 0.00$	Other Income	$0.00 \\ 0.00$	$0.00 \\ 0.00$
Month 3 Gross wages, salary, tips Income from business Rents and real property income Interest, dividends Pension, retirement Contributions to HH Exp Unemployment Other Income	0.00 0.00 0.00 0.00 0.00 1,000.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	Month 4 Gross wages, salary, tips Income from business Rents and real property income Interest, dividends Pension, retirement Contributions to HH Exp Unemployment Other Income	0.00 0.00 0.00 0.00 0.00 1,000.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00
Month 5 Gross wages, salary, tips Income from business Rents and real property income Interest, dividends Pension, retirement Contributions to HH Exp Unemployment Other Income	0.00 0.00 0.00 0.00 0.00 0.00 1,000.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Month 6 Gross wages, salary, tips Income from business Rents and real property income Interest, dividends Pension, retirement Contributions to HH Exp Unemployment Other Income	0.00 0.00 0.00 0.00 0.00 1,000.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0

Additional Items as Designated, if any

Remarks

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